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DEATH.

Died, at Rossville, Staten Island, Wednesday, December 26, of fungus hæmatodes of the right knee, Dr. JOHN A. LEIGHTON, æt. 32 years.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 15th day of December to the 23d day of December, 1862.

Deaths.—Men, 66; women, 81; boys, 101; girls, 82; total, 330. Adults, 147; children, 183; males, 167; females, 163; colored, 4. Infants under two years of age, 112. Children born of native parents, 26; foreign, 142. Among the causes of death we notice:—Apoplexy, 2; infantile convulsions, 18; croup, 21; diphtheria, 16; scarlet fever, 22; typhus and typhoid fevers, 9; consumption, 55; small-pox, 1; measles, 3; dropsy of head, 19; infantile marasmus, 11; cholera infantum, 1; inflammation of brain, 4; of bowels, 10; of lungs, 28; bronchitis, 7; congestion of brain, 6; of lungs, 10; erysipelas, 4; diarrhoea and dysentery, 8. 195 deaths occurred from acute diseases, and 21 from violent causes. 112 were native, and 118 foreign; of whom 79 came from Ireland; 36 died in the City Charities; of whom 13 were in Bellevue Hospital, and 3 died in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Dec.	Barometer.		Temperature.			Difference of dry and wet bulb, Thru.		Wind.	Mean amount of cloud.	Humidity Sat. 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
15th.	29.71	.37	50	43	59	5	8	S.W.	4.7	694
16th.	29.65	.55	41	36	46	6	8	S.W.	5	694
17th.	30.17	.40	26	15	38	7	9	N.W.	0	565
18th.	30.40	.20	19	13	25	5	7	N.W.	0	620
19th.	30.00	.46	25	12	35	5	7	SW to NW	1	660
20th.	30.44	.40	10	6	14	4	7	N.W.	0.8	614
21st.	30.40	.40	12	4	20	4	7	W.	6.8	620

REMARKS.—15. Fog A.M., variable sky all day. 16. Cloudy A.M., light sleet at 7 A.M.; followed by light rain; variable afternoon; clear night; barometer low. The mercury in the barometer ranged very high on the last four days of the week, with the exception of a sudden fall and rise on the 19th, the precursor to the sudden change to cold on the evening of the 19th. 17, 18, 19, 20, and 21st attended with a clear sky, and fresh wind nearly all the time.

SPECIAL NOTICES.

SURGICAL SECTION.—The section will meet this (Friday) evening at the hour of the Chairman Dr. J. R. Wood, No. 2 Irving Place. Dr. JACOB will continue the discussion on Croup.

Berkshire Medical College. — The

Winter Reading Term of this Institution will commence on the first Wednesday of January, 1863, and continue 16 weeks. Thorough instruction will be given in the theoretical and practical branches of Medicine and Surgery. Medical and Surgical Cliniques will be held every Wednesday and Saturday.

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Session for 1863.

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Letters addressed to any Member of the Council will receive attention.

* Dr. Doremus is now in Europe, but in case of his continued absence a competent substitute will be procured.

Original Lectures.

LECTURES ON MILITARY SURGERY,

DELIVERED AT THE

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.

By WILLIAM DETMOLD, M.D.,

PROFESSOR OF MILITARY SURGERY AND HYGIENE.

LECTURE II.

General Remarks on Wounds.

GENTLEMEN:—Before we consider the wounds of the different parts of the body, and the regimental surgeon's duties with regard to them—for, bear in mind, we have not yet arrived at the treatment of the wounded, we still have under consideration your duty on the battle-field—I say, before we come to the wounds of the different parts, we have a few remarks yet to make which refer equally to all wounds.

1. *Primary Hemorrhage.*—Where you have a wound from which life is rapidly ebbing away, of course no time is to be lost to arrest it. Fortunately the cases are rare; if they do occur the best is to enlarge the wounds, and tie both ends of the wounded artery; the next best is to tie the artery as nearly as possible above the wound, where the anatomical relations are not disturbed by the wound, and the artery therefore is easier found; in the upper extremity this procedure promises less on account of the fewer anastomoses than in the lower. If in consequence of much laceration it is difficult to get at the artery, or if you are not confident to undertake such an operation under the circumstances, then put a thick compress over the wound, and apply a roller around the limb; you will thus fill the wound with coagulated blood, and stop the opening in the bleeding vessel; you may then apply a tourniquet loosely between the wound and the heart, with directions to tighten it if hemorrhage should recur in the ambulance wagon; if the man is able, you may advise him to assist by gentle pressure of his own hand over the wound. You should also be careful not to place such a limb in a dependent position, but elevate it as much as you can conveniently to the patient.

2. *Collapse.*—Many wounded, especially those who have been struck by heavy missiles, cannon balls, or pieces of shell, will be brought in in a state of collapse from the shock. Let them be laid down with the head not much elevated, cover them up warm, give them hot drinks, if any are on hand, and give them brandy or whiskey; as soon as they have recovered from the shock, if any operative interference is necessary, administer chloroform, which experience has shown to be well borne by those recovering from collapse, its action being rather stimulating, only observe the precaution that it is advisable in these cases not to carry anesthesia to the full extent.

3. *Pain.*—It is remarkable that men struck down in battle rarely suffer much pain at first. The excitement of the moment, the rapidity with which the injury is inflicted, and the crushing transit of the missile through the parts, which lowers or destroys innervation, may explain the frequent absence of pain. Yet there are exceptions to this rule, and you will occasionally encounter wounded in a high state of nervous excitement and exaltation, who complain of the most acute and exquisite pain, much more than under ordinary circumstances such a wound would lead you to suppose. This may arise, as I have said just now, from an excited and exalted state of the nervous system, or may be from the laceration and irritation of some nerve fibres by a splinter of bone or some other foreign body. In these cases it is best to allay the excitement by a full dose of morphine, 10 or 15 drops of Majendie's solution, and the pain by sprinkling gr. $\frac{1}{4}$ or gr. $\frac{1}{2}$ of morphine directly into the wound, which will in most cases act like a charm, allaying the pain immediately; yet where the excessive pain depends upon the irritation of some lacerated nerve fibre, this relief may be only temporary. You should therefore furnish a little dry

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morphine to the attendant on the ambulance, with direction to repeat the local application if required.

4. *Examination of the Wound.*—The wounds must first be cleaned of dirt or dust which may have got into them in falling, then a gentle examination should be made with the finger to feel for the bullet or other foreign substances, such as pieces of cloth, pieces of accoutrement, or loose splinters of bone, all of which, if it can be done with ease, should be removed, but only when, as I say, it can be done with ease. Do not poke and probe too much in the wound. Especially let me warn you against the use of the ordinary fine silver probe, where the wound is too deep to reach the bottom with the finger. Let me recommend to you the use of a full sized leaden bougie. That is the best probe for gunshot wounds, and upon my advice Mr. Tiemann puts it now into all his army cases. Examine the clothing where the ball has passed through to see whether it is simply perforated, or whether pieces have been, as it were, punched out. Do not throw away any part of the clothing, but send it with the wounded to the hospital, because a careful examination of it may, in many cases, throw much light upon the character of the injury.

Lastly, it is very desirable that you should write down the result of your examination, and an account of what you have been doing, and let it go with the wounded; it will be an important guide to the surgeon who afterwards takes charge of the case, and it is a record of the manner in which you have fulfilled your duties, which will give your superiors a measure of your ability, and will be the best claim to promotion.

Wounds of the Head.—We sometimes meet with large scalp wounds, either from a sabre cut or a passing heavy projectile, large flaps of the scalp being detached; in these cases do not cut away the flap, even if it is only connected by a narrow bridge. First of all, it is the best covering you can put on the denuded bone; and secondly, because on account of the vigorous innervation and circulation in the parts, these almost detached flaps will in most instances adhere again; but do not fasten the flap with many sutures, because in the aponeurotic tissues of the scalp they increase the chances of erysipelatous inflammation. To prevent the flap from contracting and curling up, you may put one or two stitches in the angles, but these stitches must only pass through the cutis, and not through the galea. If the bones of the skull are fractured, and the ball has penetrated into the substance of the brain, make a careful investigation with the finger, but do not poke much about in the brain, and remove only such splinters as are quite loose. It is astonishing what little disturbance of any kind often a ball in the brain will produce; the men will not believe they are hit, they think they have stumbled and hurt themselves in falling. I saw at one of the hospitals at Fortress Monroe a man who had a round hole in the middle of the left side of the os frontis; he was walking about the hospital, had a good appetite, and was well and cheerful; he insisted that the ball had not penetrated, but had fallen out again into his hand, and that he threw it away. After a few days he began to complain of headache, became heavy, and at last comatose; the wound was examined, and a large ball extracted from the anterior lobe of the brain, which, at the post-mortem examination, was found to be very extensively disorganized. I do not believe the man would have lived as long as he did, if the ball had been extracted at once. If you put a man with a ball in the brain in an ambulance wagon, you must give special instruction to the driver to drive carefully. Strombeck relates cases where such, being apparently quite well, were seized with violent convulsions as soon as the ambulance moved off—probably in consequence of the displacement of the heavy ball in the soft brain substance.

Apply a simple bandage to the head. I have seen in the French medical field chests a supply of six nightcaps for the purpose. Now, first, I do not like the idea of nightcaps, and then the military surgeon should not accustom himself to depend upon such ready-made bandages. You can make

a better and simpler bandage by taking a piece of muslin 30 inches by 14, tear lengthwise on each side, and on each end a strip of 2 inches wide to within 3 inches of the middle; then bring the two wide middle flaps under the chin, and the four narrow outside ones around the head, two from behind forwards, and the other two from the front backwards. (The Professor then showed the class the application of this bandage.)

In Wounds of the Face you should remove no splinters of bone, unless easily detached; it is better to let them come away by suppurating, because then the periosteum is preserved, and the subsequent deformity less.

In Wounds of the Neck it is very desirable to remove the ball at once, because it is very apt to travel through the loose cellular tissue, along the course of the muscles, and lodge either upon the apex of the pleura or descend into the mediastinum, and thus give rise to grave consequences.

Wounds of the Chest.—Penetrating wounds of the chest, with lesions of the thoracic organs, constitute probably the majority of the immediately fatal wounds; but where they do not prove immediately fatal, experience has shown that the prognosis is not so bad as you might be led to suppose, and as even good authorities, such as for instance Dupuytren, formerly believed; a very fair proportion of them will recover. The prognosis is much more favorable than in penetrating wounds of the abdomen with lesion of the abdominal organs. I think it is quite as good as in gunshot wounds, with fracture in the knee-joint, or fracture of the femur.

Penetrating Chest Wounds are generally accompanied by severe shock, great difficulty of breathing, spitting of blood, and the passage of air through the wound; they are exceedingly perplexing to the surgeon, and call for the coolest exercise of good judgment. Make careful digital examination, and remove all splinters and other foreign substances. If part of the lung protrudes—which, however, is rare, as in most cases the lung collapses, but if it does—reduce it; it has been advised not to reduce it further than the level of the ribs, so as to let it close the wound—but I think that is putting rather too fine a point on it. The most important question is with regard to closing the wound, and authors do not agree on this point. The rules which must guide you, however, are simple:—If there is no outward hæmorrhage, and you ascertain by percussion that there is no internal hæmorrhage into the sac of the pleura, but if there is much difficulty of breathing, then close the wound as firmly as you can; but if there is hæmorrhage, leave the wound open to prevent the collection of blood in the pleural sac, which may threaten suffocation; if, however, on the other hand, the hæmorrhage is so profuse as to threaten immediate fatal consequences, then, again, you must run the risk of suffocation, close the wound, let the blood accumulate in the pleural sac, and give your patient the chance of having the hæmorrhage arrested by the pressure of the accumulated blood.

OVARIOTOMY may be truly said to be the operation on the order of the day. Mr. S. Wells, on showing some ovarian tumors at the Pathological Society, remarked that "although last session he reported twelve cases with seven deaths, he could now say that, reckoning the above recent cases, the last nine were successful operations." On the 15th Oct., Mr. Bryant removed a large ovarian cyst from a woman in Guy's Hospital. The patient has, we understand, gone on well to a recovery, no bad symptom having appeared. Another operation of this nature has been performed at St. Bartholomew's, and one some few weeks ago at St. George's hospital. In France, also, in all quarters, ovariologists are springing up. Dr. Lee, in his forthcoming paper at the Medico-Chirurgical Society, will, we doubt not, blow a counterblast to the proceeding; but one which, in the present mind of the profession, will be as unavailing as was the trumpet of King James against the smoking of tobacco.—*Brit. Med. Jour.*

Original Communications.

CASE OF

LIGATION OF THE SUBCLAVIAN ARTERY.

By HANFORD N. BENNETT, M.D.,

OF BRIDGEPORT, CONN.

A YOUNG man, 20 years of age, residing in the town of Stratford, while playing with a lad, was accidentally stabbed with a long narrow knife, the point of which entered upon the posterior and outer face of the left arm, a short distance above the insertion of the deltoid, passing directly upwards and inwards, a distance of at least three inches, the edge of the knife being turned towards and running close upon the bone. My friend, Dr. James Baldwin, of Stratford, was immediately called, as the hæmorrhage was profuse. Upon his arrival the patient was already faint from loss of blood, and it was not difficult at this time to arrest the bleeding. A roller was very judiciously applied the whole length of the limb, and a firm compress over the wound. This precaution was taken as the blood appeared to be arterial, and Dr. Baldwin is quite positive that at this time there was no pulsation in the radial artery, leading him to suspect that this vessel was wounded. The hæmorrhage remained quiescent several days, when it again broke out with renewed force, and unmistakably arterial. At this stage of the case I first saw the patient. The whole limb was now swollen, the arm being to a considerable extent infiltrated with blood, while the forearm and hand were œdematous. I proposed, before resorting to operative procedures, to try the application of persulphate of iron, which was approved by the attending physician, and the wound was filled with this powerful styptic—compression being continued as before. The hæmorrhage had now another period of quiescence, and the swelling of the limb materially lessened, but upon the eighth day after the application of the styptic, bleeding again commenced, with still greater violence, and was with much difficulty arrested by compression. The limb immediately swelled again, and the œdema of the forearm and hand was greater than before. The patient was now suffering the constitutional effects of loss of blood—his face was blanched, his appetite poor, and his pulse frequent and feeble. I believed it high time to secure the patient from further hæmorrhage, if possible, and with this view proposed to ligate the subclavian artery. An attempt to tie the wounded vessel by following the incision (only three-fourths of an inch in width), would involve the muscles of the arm to an unwarrantable extent, and perhaps also important nerves. It was quite uncertain as to what artery had been severed or wounded, and the anastomoses about the shoulder being quite free, I believed the ligation of the subclavian to be the most judicious method of treatment. I was not aware, either theoretically or practically, that the ligation of arteries at a distance from the seat of the wound, sometimes fails, the hæmorrhage returning after a longer or shorter period; but this fact seemed to me to indicate the tying of the artery at that point which would most effectually restrain the circulation.

I proceeded to the operation (Oct. 12, 1862), assisted by Dr. Baldwin. No details are necessary, as the vessel was tied in the usual manner and place, just without the scaleni muscles. The infiltration of blood and the œdema disappeared almost entirely within forty-eight hours, and the temperature of the limb was easily maintained by an envelope of flannel. The ligature came off on the thirteenth day, the operative incision being nearly healed. The original wound also began to cicatrize, and was firmly closed at the end of three weeks after the operation. No pulsation is yet visible in the radial or ulnar arteries, although the man is in good health, and pursuing his ordinary avocation.

Nov. 8, 1862.

NEURALGIA

TREATED BY ENORMOUS DOSES OF SULPHATE OF MORPHINE.

By T. B. TOWNSEND, M.D.,

OF NEW HAVEN, CONN.

In the month of August, 1861, a patient presented himself under the following circumstances:

The patient was 5 feet 10 inches in height, weighed 200 lbs., muscular system in a perfectly normal condition. Alimentary canal performing its functions naturally and regularly.

Notwithstanding this plethoric and robust condition of body, he suffered from an intense pain in the region of the left shoulder, extending down the arm, and dating back about four weeks to its commencement.

Since early childhood he has been in the enjoyment of perfect health, and even at the first visit, although I made a careful examination of his case "cap-à-pie," nothing of an abnormal nature could be detected, aside from a natural depression, resulting from the severe pain and disturbed rest. Neuralgia suggested itself, and a subsequent train of symptoms has without doubt substantiated the diagnosis.

The excessive and almost continued pain, with its natural interference with sleep, had for the four weeks previous to his visit reduced his weight from 215 lbs. to 200 lbs. Having employed the sulphate of morphine in several cases of neuralgia hypodermically with complete success, I had no hesitation in administering it immediately.

The one-eighth of a grain thrown under the skin produced no perceptible effect; but when increased from one-half to one grain the pain immediately subsided, and the arm, which was powerless before the introduction, was able to perform its proper functions wholly unimpaired, during a period of 24 hours.

Upon a recurrence of the pain a reintroduction was necessitated, followed by the entire disappearance of the neuralgia. The appetite, which was slightly impaired, returned, and the system generally recuperated, and thus the case continued for about four months, the injections not exceeding five grains of morphine in the twenty-four hours.

During this period of four months the sulphate of quinine in large doses, the salts of iron, arsenic, iodide, potass, strychnia, stramonium, cannabis indica, ammonia muriatis, etc. etc., were employed, but without any perceptible benefit. In fact, the treatment included illustrations from all the different classes of remedial agents found in the *Materia Medica*. Up to January, 1862, the neuralgia had been confined mostly to the left shoulder and arm, but at this time a marked change occurred. The pain became more excessive, and extended down the side to the lower extremities, across the abdomen and chest, affecting not only the muscles of the chest, but those of the bronchial tubes, producing strongly marked paroxysms of asthma.

On account of the locality of the disease and its exaggeration, it was necessary to increase the dose to six grains daily, and at last after three convulsions, which lasted about half an hour each, during which time the functions of the sensorium were greatly perverted, and almost entirely suspended, it was necessary to increase to eight grains in the twenty-four hours.

Previous to January, 1862, he has not been confined to the house even for a day, but during the attack connected with the convulsions he was obliged to remain in bed for six weeks.

From the commencement of the disease and throughout its course, there has been no inflammatory action and no symptomatic fever.

In the neighborhood of March 1, 1862, the neuralgia left the limbs and located itself in the diaphragm and back, affecting the muscles of the bronchi but slightly. The contractions of the diaphragm were so violent as to cause the abdomen to assume the dimensions of a female at the sixth month, which subsided immediately after the injection of the morphine, leaving it soft, flat, and normal. The contractions have produced an umbilical hernia (al-

though there was no predisposition), which has attained the size of a hen's egg. Up to the present July, 1862, we find him in the following condition, viz. general health fair, weight 160 lbs., appetite good, pain comparatively slight, and when free from it, *seemingly nearly* as well as ever. The injections are continued once or twice daily, averaging ten grains in the twenty-four hours.

Near the middle of August, 1862, a permanent enlargement of the abdomen was noticed, which gradually increased until November, 1862, when, after failing with the diuretics, hydragogue cathartics, and other agents usually employed, I drew off sixteen quarts of serum of the usual characteristics found in ascites.

This occasioned great relief, and mitigated all the distressing symptoms to such an extent, that he was able to walk out with the aid of an assistant.

His condition Nov. 20, 1862, much emaciation, weight 140 lbs., return of ascites, occasioning pain from pressure. Appetite good, sleeps poorly, pulse weak, constipation, confined to bed, pain of neuralgia excessive, but suppressed by the morphine, of which he takes daily from twenty-five to thirty-five grains, seldom less.

December 2, 1862.—I re-performed the operation of paracentesis abdominis, and drew off about eighteen quarts of serum, of the ordinary character.

This I was prompted to do in order to palliate the extreme dyspnoea, although he was in a very depressed condition. The breathing was relieved, but the pain, which was located in the back, continued. He gradually sank, becoming comatose, and death terminated his horrible sufferings on the fourth instant.

The greatest amount of morphine given in the twenty-four hours, when the suffering was the most acute, was over fifty grains (the morphine being of the first quality). When any attempt (unknown to the patient) was made to reduce the dose, it failed to control the pain, and I have been obliged to gradually increase the strength until (as before stated) over fifty grains have been administered in the course of a day, and that without producing any marked symptoms of narcotism.

The amount of morphine taken during the treatment, extending over sixteen months, is almost fabulous; five thousand grains would not exaggerate it. It never failed to relieve the pain and spasm of the muscles; the latter being often so severe of the recti-abdominales, as to assimilate the emprosthotomos of tetanus. The muscular fibres between the lineæ transversæ were so firmly contracted as to form distinct hard tumors the size of a hen's egg. No effect was noticed as attributable to the morphine, with the exception of the immediate and total subsidence of the neuralgia. He had never taken any of the salts of morphia, or preparations of opium, before he was attacked by this malady, and his system gave no evidence of an habitual use of alcoholic stimulants. The appetite continued good throughout the course of the disease, perhaps accountable to the fact that no morphine was taken into the stomach. This case furnishes many valuable points of interest:

1. It illustrates a most formidable and obstinate instance of the disease with which we are obliged to contend.
2. The great tolerance of the system to morphine, and the immense quantity which was given in so brief a time, without perceptibly producing other than a transient effect upon the physical economy.
3. The almost uniform effect of the morphine under all circumstances, and without regard to the parts selected for its administration (for it was injected into almost every region of the body), and the excessive tonic spasms of the diaphragm and recti muscles.

SERGEANT-SURGEON TO THE QUEEN.—The Queen has been pleased to appoint Caesar Henry Hawkins, Esq., F.R.S., to be one of Her Majesty's Sergeant-Surgeons in Ordinary, in the room of Sir Benjamin Collins Brodie, Bart., deceased; and James Moncrieff Arnott, Esq., F.R.S., and Richard Quain, Esq., F.R.S., to be Surgeons Extraordinary to Her Majesty.—*Lancet*.

Reports of Hospitals.

CASES AT THE NEW YORK EYE INFIRMARY.

BY HENRY D. NOYES, M.D.

STRABISMUS DIVERGENS : CURED BY BRINGING FORWARD THE RECTUS INTERNUS MUSCLE.—LAGOPHTHALMUS.—ECTROPIUM BY SPASM OF ORBICULARIS.

I.—Strabismus Divergens ; bringing forward of Rectus Internus Muscle.—John D., Engineer, æt. 25. In early life had converging strabismus, and for its relief the internal rectus muscle of the right eye was divided twelve years ago. The operation was not performed as carefully as modern surgery teaches us to do it, and the result was a squint in the opposite direction. The eye rolls outwards so far as to justify the appellation of "lucitas oculi." It appears that the muscle was cut twice by the surgeon, in one week ; the first operation being insufficient, the second one superlative. Patient has not totally lost control of the eye, but he can turn it no further than to bring the inner edge of the cornea opposite to the middle of the eyelids. The original insertion of the rectus internus is marked by a reddish elevation beneath the conjunctiva. The caruncula lachrymalis has sunk down deeply. Vision is sufficient to discern large objects, but was not accurately tested.

To correct the deformity, simple division of the external rectus was evidently inadequate, and the following operation was undertaken:—The aim of the operation was to give to the divided muscle an attachment to a part of the globe nearer to the cornea, so as to enable it to act at a greater mechanical advantage. The loss of power is due to two causes: first, that the muscle has been shortened, and secondly, that its insertion has slipped backwards. The first fault is irremediable; the way in which the second impairs the power of the muscle is evident on a moment's reflection. The normal insertion of the ocular muscle is a little in front of the equator of the globe. So long as its attachment continues to be at or in front of the equator, a muscle acting alone simply turns the eye about its centre. But where the insertion slips behind the end of the transverse diameter into the posterior quadrant of a great circle, the turning power rapidly diminishes as the sine of the arc grows shorter; at the same time the muscle tends to pull the eye back into the orbit. The muscle is further weakened by the approximation of its origin and insertion, rendering its contractions less efficient.

Operation.—Patient etherized; eyelids separated by the wire speculum. The first step was to find and dissect up the insertion of the internal rectus muscle. An incision a quarter of an inch long was made vertically through the conjunctiva, at the reddish spot above mentioned. The conjunctiva was dissected off the sclerótica, and off the external surface of the muscle, by scissors, for a depth of one-half or three-fourths of an inch. It was accidentally cut through before reaching the muscle. The insertion was sought for by a blunt hook—was found to be composed of a small bundle of fibres, not more than one-fourth the normal breadth. Seizing it with forceps it was separated from the globe and from its surrounding attachments, and loosened, until its extremity could be pulled as far forwards as the edge of the cornea. The next step was exposure of the external rectus muscle. A thread armed with a needle at each end was passed twice through the tendon, so that when tied it should include in the loop its whole breadth. The muscle was then severed just behind the thread. In these dissections the wounds made in the conjunctiva were as small as practicable, and the sub-conjunctival areolar tissue divided as sparingly as possible. The reason for this caution is, that the nutrition of the cornea may be perilled by the diminution of its vascular supply—nearly one-half of its blood-vessels are sacrificed at any rate.

By the thread fastened to the tendon of the external rectus, the eye could now be turned inward to the utmost degree.

In doing this the divided external rectus could not slip entirely away from the globe, because its lateral attachments to the tunica vaginalis oculi had not been cut; at the same time the internal rectus applied itself to the sclerótica, very near the margin of the cornea.

To maintain this extreme inversion the thread was carried across the bridge of the nose, which was protected by a compress, and fastened by isinglass plaster upon the opposite cheek. The thread, in passing out of the eyelids, pressed upon the border of the upper lid, and to correct this another thread was attached to the middle of the first, like a guy, to pull it down, and fastened by plaster upon the right cheek. The eyelids could be shut completely, and the thread was held tense. April 20.—Patient was kept in bed for ten days, and the thread kept in situ forty-two hours. But little inflammation ensued; lids moderately swollen; external ecchymosis very extensive; general injection of the sclerótica; no chemosis, no pain. Convergence is decided; a fold of conjunctiva projects at inner canthus. Has double vision. May 12.—The redness of eye almost gone; has made use only of cold lotions. The tendon of the external rectus to which the thread was fastened, and the sclerótica into which the tendon was inserted, have sloughed. There is deep venous congestion at this spot. The cornea entirely transparent.

Patient no longer sees double, except when looking far to the right side. When looking straight before him the visual axes are parallel. There is necessarily a decided limitation in the excursion which the eye can perform, but the range of its rotation, so far as it reaches, now corresponds with the other eye. Oct. 3.—The position of the globe remains the same—its correction being perfect—but the arc of rotation is no greater. There is a slight degree of prominence of the eyeball. A black spot marks the original insertion of the external rectus. Patient is much gratified with the improvement of his appearance. Does not have diplopia.

This operation is troublesome to perform, and requires for its success great docility on the part of the patient. The thread ought to be retained in place for twenty-four hours. I kept it in longer because the patient made no complaint of it. When removed after only twelve hours, the muscle has been found to adhere firmly, but the longer the extreme inversion is kept up, the better will the new union bear the strain. There need be no fear of producing permanent converging squint. It is better that convergence should be the immediate result, because the eye will adjust itself in a little time, as the new union stretches.

The same proceeding may be used in cases of paralysis of one of the ocular muscles. The muscle must not have entirely lost its contractility, and the paralysis must be old enough to be sure that no further improvement is to be expected by natural efforts. Bringing forward the paralysed muscle enables it to act at a greater advantage, and the slight weakening of the antagonist which the operation produces, is in favor of the paralysed muscle.

(To be Continued.)

ANOTHER IMPOSTOR.—PROF. BEDFORD, of New York, writes thus to the *Bost. Jour.*:—"Letters just received from Boston notify me that an accomplished swindler, representing himself as my son, has called on several of the prominent medical gentlemen of that city, and obtained, under his base subterfuge, various sums of money. In one instance, I am informed, he asked for \$20, but was requested to accept \$40, which he did without compunction. About six months since, an individual of gentlemanly bearing, assuming to be the son of a distinguished professor of Boston, did me the honor of a visit—said he had just arrived from Washington on his way home, was robbed of his purse, and was without the means to take him to Boston. Without hesitation, I gave him the necessary aid, from which no doubt he took comfort. I believe, from what I can learn, that this is the same 'son,' who claims a double paternal ancestry."

American Medical Times.

SATURDAY, DECEMBER 27, 1862.

EVENTS OF 1862.

Our national history of the current year presents some points of special interest to the profession, and it is fitting that in this concluding number for 1862 we should briefly pass its more important medical events in review.

The civil war, which rages with undiminished violence, has, during the past year, made still further draughts upon the profession. The addition of another assistant surgeon to each regiment drew largely upon the young practitioners of the country, but the corps was promptly filled with, in general, well qualified surgeons. The subsequent immense increase of the army, demanding three surgeons to each regiment, has called from civil life another, and, we believe, a still more competent class of surgeons. This last demand was as promptly complied with as the former, and to-day the entire Army has as thoroughly an appointed medical corps as any army of modern times. The Surgeon-General does the medical staff but simple justice when he commends it for its efficiency.

During the past year our military hospitals have gradually increased in number and extent, until they form a grand and imposing system such as has never before been witnessed. The aggregate of sick is now never below 50,000, and has reached the enormous figure of 90,000. These hospitals are under the immediate supervision of the Surgeon-General, and are gradually becoming perfected in all their arrangements, so as to present a uniform system of management.

The Sanitary Commission, the development and direction of which our profession may justly claim, has greatly increased its means of usefulness, and has correspondingly enlarged its sphere of duties during the past year. The munificent donations to its funds of the citizens of California, amounting in the aggregate to half a million of dollars, has contributed, in connexion with its other sources of supply, to render it as effective in all its operations, as any arm of the public service. Its charities have been extended to the remotest and most obscure soldier, whether in the field or hospital. It is the first to scent the battle afar off, and with that flexibility and alacrity which characterizes true and unrestrained charity, it has been the first to raise the stricken soldier, to bind up his wounds, and administer reviving draughts. During the whole eventful campaign of the Peninsula, the Commission was foremost in supplying necessities to the sick and wounded, and in transporting them to their proper destination. In all the sanguinary battles in the West, its agents were first on the field, and with abundant stores relieved the immediate suffering. In addition to the former labors of the Commission, it has now undertaken a system of hospital inspection which is resulting in far more thorough hospital management. Old abuses are being reformed, incompetent officers are being sifted from the service, and vigilance is now apparent in every department of our hospitals. The Directory of Hospitals, which we noticed a week or two since, is one of the most recent acts of the Commission, and is a great public convenience. In a number of ways

which we need not mention, this great almoner of public charity is still extending its usefulness. If war shall be the business of the coming year, we trust the Sanitary Commission will be as liberally sustained as during the past.

The re-organization of the Medical Department of the army was happily effected in the early part of the year, and the good results have been incalculable. The important precedent is now firmly established, that its chief officer shall be selected on account of merit and qualifications, and not on the score of his age. The vigor and efficiency which GENERAL HAMMOND has infused into every branch of the medical service are sufficient evidence that this was a vital element of the reform sought. The Medical Staff also gained rank, which has given it a more respectable, as well as commanding position. Finally, not only has the Staff been increased, and thus rendered more nearly adequate to the service, but the important department of sanitary inspection was organized with a corps of inspectors comprising some of the most experienced medical officers in the service. This bureau, under the direction of COL. PERLEY, has, we learn, "been productive of excellent results." We must not omit to mention the higher grade of educational qualification which the Surgeon-General now demands of the candidates for appointment in the staff. No incompetent person can pass the ordeal which is now established, and few will be disposed to make the attempt. It is apparent, therefore, that the reform in the Medical Department of the army is an important event in the medical history of the year. Hereafter it will annually take a higher and still higher rank, and will yet be recognised and appreciated as one of the most important branches of the public service.

It would be pleasant to extend to our "Southern brethren" the courtesies of the season, and learn the state of the medical sciences in that tabooed region yeapt "the Southern Confederacy." But the land and water blockade is so effectual, that we are as ignorant of the medical affairs of C. S. A. as of Japan. Occasionally we see an old, familiar name among army-news, but it disappears for ever in the impenetrable gloom that overhangs that devoted country. We inquire in vain for its medical periodicals and its medical colleges. A London contemporary has, indeed, noticed the second edition of a work on Military Surgery, by our former correspondent, PROF. CHISHOLM, of Charleston, S.C., issued at Richmond. This is the only contribution to medical literature in the Southern States, of which we have any knowledge.

Since the commencement of the rebellion, with the exception of the American Medical Association, the medical societies, State and local, have exhibited commendable activity. They have all had their stated meetings, and the discussions have, in general, been unusually interesting. In our opinion, the National Association, the parent society, should have held its annual meeting, but the Committee determined otherwise. The same reasons which then influenced them to adjourn the meeting another year, still exist, and in threefold intensity.

Medical publishing has suffered even greater depression than during the preceding year. Periodical literature has been but poorly sustained, and the pressure which scarcity in paper now produces, threatens complete suspension. But few books have been issued, and those, almost without exception, have been small works on military surgery.

The Medical Schools are very well sustained, and in some instances largely increased classes have been the result of the demand which the army and navy are now constantly making upon the profession.

The *Neurological Record* embraces many well known names in the profession. BELL of Mass., COOPER of Cal., SANBORN of Vt., WHITE, and many others of the army, deserve the most honorable mention.

THE WEEK.

WE are glad to learn from various sources, that at the recent battle of Fredericksburg, the ambulance and hospital arrangements of DR. LETTERMAN, Medical Director, were admirably carried out, and resulted in the prompt succor of the wounded. The system which he devised, and which we published recently, deserves the attention of the medical directors throughout the army.

The following is Senator WILSON's bill to facilitate the discharge of disabled soldiers from the army, and the inspection of convalescent camps and hospitals:

"Be it enacted, That there shall be added to the present Medical Corps of the army two Medical Inspector-Generals, and eight Medical Inspectors, who shall, immediately after the passage of this act, be appointed by the President, by and with the advice and consent of the Senate, by selection from the Medical Corps of the army, or from the surgeons in the volunteer service, without regard to their rank when so selected, but with sole regard to qualification, and who shall have the rank, pay, and emoluments now authorized by law to officers of those grades.

"Sec. 2. That the officers of the Medical Inspectors' Department shall be charged, in addition to the duties now assigned to them by existing laws, with the duty of making regular and frequent inspections of all military general hospitals and convalescent camps, and shall upon each such inspection designate to the Surgeon in charge of such hospitals or camps all soldiers who may be, in their opinion, fit subjects for discharge from the service, on Surgeon's certificate of disability, or sufficiently recovered to be returned to their regiments for duty; and the medical inspecting officers are hereby empowered, under such regulations as may be hereafter established, to direct the return to duty or the discharge from the service, as the case may be, of all soldiers designated by them."

The bill has been amended in the Senate so as not to limit the selection of medical inspectors to the army.

Army Medical Intelligence.

(CIRCULAR No. 13.)

SURGEON-GENERAL'S OFFICE,

WASHINGTON, December 5, 1892.

1. The attention of medical directors is called to the numerous cases of neglect in the transmission of the Weekly Report of Hospitals, and the Monthly Report of sick and wounded.

In future they will require medical officers in charge of hospitals to forward to their office the Weekly Hospital Report, on the last day of each week; and they will promptly forward them to this office, accompanied by a list of such officers as have neglected this duty.

They will also require the Monthly Report of sick and wounded to be forwarded to them, and will transmit them to this office, duly filled up, as to date and place, and also accompanied by a list of names of those officers who may have failed to forward these required reports.

Medical directors will see that the surgeons under their

direction are kept duly supplied with blank forms necessary for the above reports.

2. Medical directors having supervision of several General Hospitals, will require from the surgeon in charge of each hospital, daily report of such changes as may have taken place during the preceding day. This report will state the name, company, and regiment of each soldier admitted, returned to duty, discharged, transferred to other hospitals, died, etc., etc., and these names will, from time to time, be recorded in a book kept for that purpose in the office of the medical director.

Every facility will be afforded the agents of the Sanitary Commission, and the friends of sick and wounded soldiers, in procuring such information concerning the inmates of hospitals, as they may, from time to time, desire.

3. Surgeons in charge of General Hospitals will, upon receipt of this circular, report to the commanders of companies the names of any soldiers of their company deceased, or discharged from the service, while in their hospital, and concerning whom these reports have not been duly made.

These reports will strictly conform to paragraphs 152 and 170, General Regulations, to which, for the future, particular attention must be paid.

4. Persons detailed for duty in any capacity in General Hospitals, by medical officers in charge, without proper authority, will not be recognised at this office as hospital employés, and medical officers so employing them will be personally responsible for the wages due them.

They will also be held pecuniarily responsible for any payment over their signature made to cooks and laundresses in excess of the number authorized by regulations to the hospital under their charge.

5. Medical officers are explicitly informed that regulations on the above subjects have been written and published to be observed by them, and the various infractions which, from time to time, they have allowed themselves to make, have not been overlooked in the past, nor will be for the future.

W. A. HAMMOND, Surgeon-General.

Surgeon C. H. Laub, U. S. A., lately Medical Purveyor in Washington, has arrived at St. Louis, Mo., and been assigned to duty as Medical Inspector, District No. 1, Department of the West.

Asst. Surgeon Peter Cleary, U. S. V., to the camp of paroled and exchanged prisoners, Alexandria.

Asst. Surgeon S. M. Horton, U. S. A., to the 3d U. S. Cavalry, St. Louis, Mo.

Asst. Surgeon B. A. Clements, U. S. A., to duty in the Office of the Medical Director, Army of the Potomac.

Asst. Surgeons James L. Adams and A. S. Coleman, 5th Michigan Vols. and 2d Penn. Reserve Corps, respectively to report in person for duty to the Medical Director in Washington, D. C.

Asst. Surgeon E. M. Hunt, 29th N. Y. V., has been directed to rejoin his regiment immediately.

Medical Inspector L. Humphreys, U. S. A., and Assistant Surgeon Julius Brey, 25th Missouri Vols., to report in person to Assistant Surgeon-General Wood, at St. Louis, Mo.

Surgeon A. Crispell, U. S. V., has been relieved from duty as Health Officer at Hilton Head, S. C., and assigned to detachment 1st Mass. Cavalry.

Asst. Surgeon W. F. Cornick, U. S. A., has been placed on duty in Washington, D. C., as assistant to Surgeon M. Clymer, U. S. V., Attending Surgeon for officers of volunteers in the city.

Asst. Surgeon C. T. Alexander, U. S. A., has relieved Surgeon Ira Russell, U. S. V., in the supervision of the Lawson Hospital, St. Louis.

Surgeons Henry I. Churchman and Ira Russell, U. S. V., have been ordered to report to the Medical Director, Army of the Frontier.

Surgeon O. M. Bryan, U. S. V., has been placed at Los Pinos, near Peralta, N. M.

Surgeon T. G. Catlin, U. S. V., is on leave of absence at Brooklyn, N. Y., and has been directed to report to the Assistant Surgeon-General, St. Louis.

Surgeon Francis Salter, U. S. V., has been assigned to duty with General Crook, commanding 1st Kanawha Division, Western Virginia.

Asst. Surgeon C. C. Dumreicher, U. S. A., has arrived at San Francisco, Cal., en route to Camp Pickett, San Juan Island.

Surgeon D. W. Hartshorn, U. S. V., has been assigned to duty as Medical Director, 1st Division, Light Wing, Army of the Tennessee, in the field.

Surgeon F. M. Heister, U. S. V., has been placed on duty as Medical Inspector, Department of the Ohio.

Asst. Surgeon A. Majer, U. S. A., has taken charge of General Hospital No. 3, Beaumont, S. C.

Surgeon George Hammond, U. S. A., has been ordered to report to Assistant Adjutant-General Cresswell, to examine drafted men at the county seat of Calvert Co., Md.

Surgeon S. M. Hamilton, U. S. V., has been placed in charge of General Hospital, Gallatin, Tennessee.

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